

U.S. ENVIRONMENTAL PROTECTION AGENCY - REGION 10 UNDERGROUND STORAGE TANK INSPECTION REPORT

Facility #: WA 3165 Passed Inspection? Y N Operator Training? Y N
 Inspection Date: 8-12-13 Time: 10:30 to 12:00 SBA Info Sheet Given? Y N
 Lead Inspector: Ben Horvitz Others: Wil Badonice
 Facility Reps: Ben Joshi*

* Credentials Presented To

Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☐ Digital Camera ☐ Other

Enforcement Actions Taken Onsite: NOV # _____ FNNC # _____ FC # _____ For \$ _____

Enforcement Action Delayed for (Reason): Returning to office for determination

GPS Reading: _____

FACILITY INFORMATION

Facility Name: Short Stop 7
 Facility Address: 207 W. 1st St.
 City: Cle Elum State: _____ Zip: _____ Phone: _____
 UST Owner Name: Nabin Joshi (Ben) Espotuc Operator: Sugat Amatya
 Owner Address: _____
 City: " State: " Zip: " Phone: 509-888-2748

FINANCIAL RESPONSIBILITY

☒ Meets Financial Responsibility Requirements ☐ State Government Entity ☐ Federal Government Entity
☒ All (tanks covered) or (check which tanks are covered) X X X X X
 Type: ☒ Ins ☐ Self ☐ PSTF ☐ Ltr Credit ☐ Stdbdy Trust ☐ LG Bond Rating Test ☐ LG Fin Test ☐ Other _____
 Issuing Entity: An Wins Dates of Coverage: 2-5-13 to 2-5-14 In EPA Format? Y N

UST SYSTEM STATUS

	1	2	3	4	5	6
Manifolded (M) or Compartmented (C) Tank(s)?			M	M		
Status: <u>C/U</u> TOU POU <input type="checkbox"/> All	X	X	X	X	X	
Date Installed: <input type="checkbox"/> All	'65	'65	'65	'65	'65	
Substance in Tank(s): <input type="checkbox"/> All	Die	Unl	Unl	Unl	Pre	
Tank Capacity (gal): <input type="checkbox"/> All	4K	4K	4K	4K	6K	
Tank Material: BS <u>CPS</u> COM FRP DW ExL Lin <input type="checkbox"/> All	X	X	X	X	X	
Verified Tank by: Visual <u>Invoice</u> Warranty Picture <input type="checkbox"/> All	X	X	X	X	X	
Emergency Generator Tank(s)? <input type="checkbox"/> NA <input type="checkbox"/> All	N	N	N	N	N	
Piping Material: GS <u>CPS</u> <u>FRP</u> FlexP DW SecC <input type="checkbox"/> All	X	X	X	X	X	
Verified Pipe by: <u>Visual</u> Invoice Warranty Picture <input type="checkbox"/> All	X	X	X	X	X	
Piping Type: Grav Pres SafeSuction U.S.Suction <input type="checkbox"/> All	Pre	Pre	Pre	SafeSuction	Pre	
If Not in use when was system last used: <input type="checkbox"/> All						
Closure Status: Removed In-Place Chg-in-Svc <input type="checkbox"/> All						

PHOTO LOG

Image ID	Location	Description

RELEASE DETECTION RECORDKEEPING

Year	Month	T1	T2	T3	T4	T5	
2013 2012	1 - January	P	P	M	M	P	
	2 - February			M	M		
	3 - March			M	M		
	4 - April			M	M		
	5 - May			M	M		
	6 - June			M	M		
	7 - July			M	M		
	8 - August			M	M		
	9 - September			M	M		
	10 - October			M	M		
	11 - November			M	M		
	12 - December			M	M		

P = Pass F = Fail M = Missing I = Inconclusive

RELEASE DETECTION - TANKS

1 2 3 4 5 6

☒ Release Detection Method(s) present for all tanks & meets specific performance standards as in 280.43. ☐ NA

☒ Automatic Tank Gauge (ATG) ☐ All

Manufacturer: OPW Model: Galaxy

X X X X X

☐ Interstitial Monitor (IM) ☐ All

Manufacturer: _____ Model: _____

☐ Manual Tank Gauge (MTG) ☐ All

☐ Tank Tightness Test (TTT) date completed: _____ ☐ All

☐ Inventory Control (IC) ☐ All

☐ Vapor Monitoring (VM) ☐ All

Site Assessment? Y N ☐ All

☐ Ground Water Mon. (GWM) ☐ All

Site Assessment? (ie: 3'<gw<20') Y N ☐ All

☐ SIR Vendor: _____ ☐ All

☐ Deferred (Emergency Generators ONLY) ☐ All

Multiple RD Methods in Place? Y N ☐ All

MTG TTT IC VM GWM ATG IM SIR

☐ TOU UST(s) Comply with Release Detection? Y ☐ N ☐

☐ Inches of Product in Tank(s)? ☐ All

☐ Hazardous Substance UST(s) Secondarily Contained? ☐ NA

RELEASE DETECTION - PIPES

☒ Release Detection method(s) present for ALL piping and meets specific performance standards as stated in 280.44 ☐ NA

☒ ALLD(s): ☐ ELLD ☒ MLLD

Manufacturer: Red Jacket Model: FXIV

Date of Most Recent ALLD Annual Test: 6-4-2013

Service Provider: NW Enviro

6-2013 6-2013 6-2013 5-7-12
X X X Safe
X X X SUC

☒ LTT Date of Most Recent Test: 6-4-2013 ☐ All

Service Provider: NW Enviro. S.I.

X X X Safe
X X X SUC 5-7-12

☐ Monthly Monitoring Method: ☐ All

VM GWM IM SIR Sump Sensor Other _____

☐ Deferred (Emergency Generators ONLY) ☐ All

RELEASE DETECTION - RECORDS

☒ Release Detection records verified in EPA format as stated in 280.45. NA ☐

Monthly monitoring records reviewed= 12 months, of last 12:

Tank(s) (months) Pass: 12 Fail: _____ Invl.: _____ Missing: _____

Piping (months) Pass: _____ Fail: _____ Invl.: _____ Missing: _____

12 12 Mch Mch 12

☒ ALL Non-Passing results resolved? ☐ NA

☒ If not resolved, was the implementing agency notified of a suspected release? Y ☐ N ☒ No release suspected ☒

If equipment was installed within the last 5 years, is the third party evaluation(s) available? Y N NA

For: ATG SIR IM Sensors ALLD Other: _____ In compliance with Evaluation? Y N

SITE SKETCH

(Not to Scale)

North=

KEY: T=Tank P=Pipe D=Dispenser R=Rectifier

REPAIRS & TANK LINING

	1	2	3	4	5	6
<input type="checkbox"/> Are there any Repairs being Conducted or Completed? Y N						
<input type="checkbox"/> If yes, have the repaired tanks or piping been Tightness Tested within 30 days? (not required if internal inspection or if monthly monitoring is in use) <input type="checkbox"/> NA						
<input type="checkbox"/> Are tanks internally lined? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> All						
<input type="checkbox"/> Tank lining inspected and in compliance? <input type="checkbox"/> NA						
Date of Lining: _____						
Date of PASSING Internal Inspection: _____ <input type="checkbox"/> All or						

CATHODIC PROTECTION

<input checked="" type="checkbox"/> Cathodic Protection met on all tank(s) and piping, including metal flex connectors, swing joints, etc. as stated in 40 CFR 280.21.						
<input checked="" type="checkbox"/> Impressed Current System	<input type="checkbox"/> Sacrificial Anode System					
<input checked="" type="checkbox"/> Tank(s)	<input type="checkbox"/> Piping	<input type="checkbox"/> Tank(s) and Piping				
<input type="checkbox"/> Impressed Current System:	<input type="checkbox"/> All					
Installation Date: _____ Set at _____ amps						
<input checked="" type="checkbox"/> Last 3 (60 Day) rectifier inspection Records? Y N						
System On? <input checked="" type="checkbox"/> N Observed amperage of <u>2</u> amps						

CATHODIC PROTECTION - TESTING

<input checked="" type="checkbox"/> Cathodic Protection testing requirements met as stated in 40 CFR 280.31. <input type="checkbox"/> NA Failed Test						
<input checked="" type="checkbox"/> Date of Previous Test: <u>6-4-2015</u> <u>8-12-13</u>	<input type="checkbox"/> All					
Tested: <input checked="" type="checkbox"/> Tank(s)	<input type="checkbox"/> Piping	<input type="checkbox"/> Tank(s) and Piping				
Service Provider: <u>NW Enviro</u>						
<input type="checkbox"/> Date of Previous Test: _____	<input type="checkbox"/> All					
Tested: <input type="checkbox"/> Tank(s)	<input type="checkbox"/> Piping	<input type="checkbox"/> Tank(s) and Piping				
Service Provider: _____						
<input checked="" type="checkbox"/> Was a CP test conducted after Installation or Repair? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA						

SPILL & OVERFILL PREVENTION

<input checked="" type="checkbox"/> Spill and Overfill prevention devices present and functional as stated in 40 CFR 280.21. <input type="checkbox"/> NA						
<input checked="" type="checkbox"/> Spill Prevention Device Present and Functional	<input type="checkbox"/> All					
<input type="checkbox"/> Ball Float Valve Installed	<input type="checkbox"/> All					
<input checked="" type="checkbox"/> Flow Restrictor (Auto Shut off) Installed	<input type="checkbox"/> All					
<input type="checkbox"/> Automatic Alarm Operational & Audible	<input type="checkbox"/> All					
<input type="checkbox"/> Spill / Overfill NOT Required (transfer ≤ 25 gallons)	<input type="checkbox"/> All					

Inspector's Signature: [Signature]

Date: 8-12-13

Notes:

- Operator training will be accomplished - on track
- Manifoldd tank 3+4 - no RD since 2-19-12
- Plans on fixing within 2 weeks.
- June 2012 owner bought store
- Poe T5, ALLD test + LTT missing
- CP test 5/2012 (pre-owner)
- Waiting for current CP, previous 5/17/12
Fails on all but VST 5.